To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after close of the convention (or if such fourteenth day is a Saturday, Sunday, or legal holiday, not later than 4 p.m. on the next succeeding business day), in accordance with §§9-388 and 9-2 of the General Statutes. NOTE: This form is to be used only by partyendorsed candidates for multi-town district office (i.e, Representative in Congress; State Senator; State Representative from Assembly Districts which cross town lines; Judge of Probate from Probate Districts of two or more forms) CERTIFICATE OF PARTY ENDORSEMENT At a convention of the delegates of the Democratic Party for the [check ONE] only; insert appropria Congressional, Senatorial, or Assembly District Number; or Probate District Name] Congressional District (District number) Probate District of VO Senatorial District (District number) Assembly District, (District number) held at (location of convention) I was endorsed by such convention as candidate for nomination to the office of [check ONE] ☐ Representative in Congress ☐ State Senator ☐ State Representative ☐ Judge of Probate for said district, for the State Election to be held on November 4, 2014; and I authorize my name to appear on the ballot as printed or typed below: (Full Residence Address--Street) (Print dr. type name in exactly the form in which you authorize it to appear on ballot) on Connecticut, this 21 day of 2014. Signature of Candidate $TESTED\ BY:$ Signature of Secretary of Conventid Signature of Chairman or Presiding Officer of Convention

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-388) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.